MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013022 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3582

FILED APR 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis
Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN U City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1554 N & S Rd
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Oscar Middle W. Last Mueller

4. DATE OF DEATH: Month Day Year 4/3/1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/18/1911

9. AGE (last birthday): 50
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: City of U. City

11. BIRTHPLACE (City and state or country): Paragould, Ark.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Fred Mueller

13b. MOTHER'S MAIDEN NAME: Nellie Whitsit

14. NAME OF HUSBAND OR WIFE: Bernice Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of serv: WW 11

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Bernice Mueller (same as item # 2d)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Cancer –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Melanoma Sentinal from Shoulder
DUE TO (c): 190.6
INTERVAL BETWEEN ONSET AND DEATH: One year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1960 to 4/3/62 and last saw him alive on 4/2/62
Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lucie J Pully MD

22b. ADDRESS: 730 Hodiamont Ave

22c. DATE SIGNED: 4/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/5/62

23c. NAME OF CEMETERY OR CREMATORY: St. Peters

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: Ortmann F. Home 9222 Lackland Overland Mo.

25. DATE RECD. BY LOCAL REG.: APR 4 1962

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Al O Eatman

Licensed Embalmer No. 3475

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.